Reforming Children's Mental Health Services
A New Approach to Services Delivery

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Purpose of this Presentation

Evaluate the three main reform models and present new approach to service delivery
Goals of Services

Provide access to mental health services that are specifically for children and adolescents that have been proven to be effective in reducing symptoms and improve functioning.
Why do we need to reform children and adolescent mental health services?
Defining the Problem

Two reports, almost 20 years apart, come to similar conclusions …

**J. Knitzer, 1982: Unclaimed Children**
- Limited access
- Little funding
- Little coordination across agencies
- Very few staff
- Inappropriate services
- *Report provides little information about effectiveness of services*

**Surgeon General, 1999: Report on Mental Health**
- More funding
- More coordination
- More staff
- More and different services
- Limited access
- *Still, we know little about effectiveness of services*
Effectiveness of Services

The question of effectiveness was not explored in these reports. Almost no research existed for the empirical evaluation of treatment as usual (TAU)
What is the current state of knowledge about the effectiveness of services?
What Do We Really Know About Most Services Delivered in the Community?
Current Research Provides Little Support for the Effectiveness of TAU

- Overall, though, these findings do add to the increasing evidence against the effectiveness of traditional child psychotherapy.” (Weiss et al., 1999, p. 93)
- “However, the findings to date offer little support for the effectiveness of conventional clinical intervention for young people.” (Weisz & Jensen, 1999, p. 133)
- “…, The literature on the effectiveness of treatment as usual in the community for children and adolescents is depressingly consistent in its poor outcomes.” (Bickman, 2002)
Effect Size for TAU Is Zero

Estimated mean effect size for 10 studies of TAU psychotherapy

Source: Weisz & Jensen, 1999
But …

There is some evidence that certain treatments work under controlled conditions
Efficacy

psychotherapy outcome studies conducted under laboratory conditions

Source: Weisz & Jensen, 1999
However, A Recent Analyses of Many of these Studies Concludes

• “In sum, the current state of the art in psychotherapy studies suggests that what is deemed “evidence-based” usually does not meet these standards. Instead, many alternative explanations are consistent with the current literature’s findings.”

Jensen, Hoagwood, & Goldman. In press
Reform is needed because the existing evidence does not support the belief that services are effective.
What reforms have we tried and what can we conclude?
Three Approaches to Reform

SYSTEM

Clinical Outcome

PROFESSION

System Level

Professionalism

Evidence-Based Practice

TREATMENT
Professionalism: Removing Bad Apples
Professionalism: *The conduct, aims, or qualities that characterize or mark a profession or a professional person*  
(Merriam Webster Dictionary, 2001)
Professionalism: Approaches

1) **Instruction**
   - Preservice training
   - Inservice training
   - Supervision

2) **Experience**
   - Requirement of practice experience

3) **Selection**
   - Accreditation of facilities
   - Licensing of clinicians
Is Professionalism Effective in Improving Clinical Outcomes?
Results

• Currently there is not enough empirical evidence to make reliable conclusion whether professionalism is effective or not.
System of care:
Delivering coordinated but diverse services on an individualized basis using case management and interdisciplinary treatment teams to integrate and facilitate transition between services.
System Level: Approaches

• Increasing access
  ✓ Community-based services
  ✓ Adding new services
  ✓ Using the existing services more effectively

• Organizing and systematizing
  ✓ Cross-collaboration and coordination of services

• Tailoring
  ✓ Individualized services “wrapped” around the child and his/her family
  ✓ Community-based services
  ✓ Continuum of care
  ✓ Diversification of services
Is this an effective strategy or is it simply rearranging deck chairs on the titanic?
Is System Level Reform Effective in Improving Clinical Outcome?
The Evidence

1) Fort Bragg Study (1995; Continuum of Care)
2) Stark County Study (1998; System of Care)
3) Wraparound Project Study (2001; Wraparound)
4) Comprehensive Community Mental Health System Reform (1993 – present; System of Care)
Conclusions From These Studies

- increased access
- More use of less restrictive settings, but more children hospitalized
- Small increase in client satisfaction
- But, no differences in clinical outcomes
- Clients got better in systems and non-systems equally
- Relapse is significant and unexplained
- Costs significantly higher
Summary

- System changes have been shown to
  - Increase satisfaction
  - Increase access
  - Increase costs
  - But not improve clinical outcomes
EBP Approaches to Reform

**EBP:** Use of scientifically evaluated treatments that have been shown to be efficacious and/or effective
Evidence-based Practice
EBP: Approaches

• Setting standards

• Finding and publishing empirically supported treatments (EST)
  ➢ Efficacious studies
  ➢ Effectiveness studies

• Reviews and meta-analyses

• Creating a (web-based) data base with ESTs

• Developing manuals, guidelines, treatment algorithms
Is EBP Effective in Improving Clinical Outcome?
The Evidence

Standards:

- APA’s Division 12 Task Force, Committee on Science & Practice (1995)
- Interdisciplinary committee on Evidence-Based Youth Mental Health Care
- FDA
- International Psychopharmacology Algorithm Project
Results

- Limited number of efficacious treatments
- Very small number of effective treatments
- Almost no research findings on transportability, implementation, & dissemination
Question

Why did the past reform efforts have so little effect?
Lessons from Prior Reform Efforts

1. There are no simple solutions (multi-level and integrated tailored interventions needed)
2. Focus on the clinician as the main leverage point for change
3. Change will be easier if it enhances rather than replaces current practice
4. Interventions need to be tested in mental health organizations as they really operate, not demonstrations
5. The leadership must be accountable for implementation. The organization has to fully embrace and own the change intervention
6. Clinical interventions should be evidence-based with a stronger emphasis on common factors.

7. Measurement is the foundation of improvement.

8. Concurrent, systematic, formative feedback is required for effective change.

9. The intervention must reflect the dynamic nature of mental health service provision.

10. Change cannot be introduced piecemeal – there must be an integrated and comprehensive change strategy.

11. Service providers, not just researchers, have to be responsible for learning what works.
How Can Organizations Learn?

Service organizations have to learn what is effective treatment by implementing a concurrent consumer measurement and feedback system.
Treatment of Childhood Cancer: A Relevant Model

- Cancer cure rate has gone from less than 10 percent in the 1950s to nearly 80 percent at present
- Almost all children treated for cancer in the U.S. enter a randomized clinical trial
- Every child is monitored and evaluated
- Every child treated adds to knowledge of how to improve treatment
Do we learn from the children we treat?
How Do You Learn to Improve Performance?

Practice without feedback will not help
Use Feedback as a Key Element for Improvement

System

Organization

DATA

✓ process
✓ outcome

SERVICES

ACTION

✓ guidelines
✓ training
✓ feedback to practitioner
✓ system modification

INTERPRETATION
The Contextualized Feedback Intervention Theory (CFIT)

An Approach to Learning and Change
CFIT

• Is responsive to lessons learned
• Integrates and supplements previous reform efforts
• Can be applied to any service
• Supports Ontario’s values
The CFIT System

Technology

Organizational Implementation & Monitoring

Training

Measurement

Clinician

Formative Feedback

Supervisor Involvement

Improved Practice

Improved Outcomes

Improved Outcomes
Main Components of CFIT

1. Organizational Readiness & Monitoring
2. Training
3. Measurement
4. Formative Feedback
5. Supervisor Involvement
Organizational Readiness & Monitoring

- Assessment of organizational needs
- Tailored CFIT System to the context
- Tailored system owned by organization
- Assessment of staff readiness for change
- Tailored implementation enhancement interventions
- Organization-wide implementation
- Ongoing assessment and monitoring of implementation
Technology

• Technology is key in implementation and feasibility
• CFIT takes advantage of latest computer and Web technology
• This technology allows integration of measurement, feedback, evidence-based online modules, and online resources
• Software allows flexible and dynamic processes
Training

Five components:

1. Self-directed structured learning modules

2. Advice triggered by feedback scores

3. Development of supervisor training with select senior clinical staff

4. Intensive ‘hands-on’ interactive training of supervisors with ‘train-the-trainer’ components

5. Continuing supervision of counselors to optimize utilization of the CFIT model
Content of Online Training Modules

• Three major online modules:
  1. How to Use CFIT
  2. Common Therapeutic Factors
  3. Symptom-Specific Evidence-Based Interventions

• Each online module contains several sub-modules
Measurement

• Sensitive, accurate, *real time* estimates of meaningful clinical change over time

• Responsive to the dynamic nature of the environment

• A comprehensive and integrated system that uses consumer outcomes – e.g. symptoms, functioning

• Sensitive and informative characterization of process indicators (therapeutic alliance, treatment modality, etc.)
Formative Feedback

• Systematic
• Concurrent
• Individualized

Tailored suggestions for improvement selected from pool of evidence-based intervention modules
Supervisor Involvement

Supervisors …

• Receive training in supervising with data
• Receive more direct and systematic feedback about treatment progress
• Assist counselors in interpreting feedback
• Assist counselors in making optimal use of online advice
• Support counselors in adjusting to a more structured counseling environment
CFIT: A New Approach to Service Delivery

- Evidence-based: uses lessons learned from previous reform efforts
- Comprehensive: integrates changes in systems, treatments, training, technology, measurement, supervision, and feedback
- Feasible: can be applied to most services; enhances rather than replaces current treatment
- Capacity building: helps create a learning organization & encourages curiosity
What Actions Do We Need to Take?
To Improve Outcomes We Must Deal Directly With Services

- Cannot assume current services are effective
- Cannot assume systems reforms affect outcomes
- Cannot assume that researchers will provide all the answers
Reform Training and Supervision

- Establish competency based training that is specific to family problems
- Introduce data driven supervision
Implement Measurement System

- Contextual factors are important. What works in one setting may not in another one
- Without good measurement we do not know if any reforms are effective
- The establishment of a valid and practical measurement system should be a priority
- Real time feedback requires automated system
- But, the establishment of such a system is difficult and will be resisted
Experiment With EBP

- The evidence base is limited
- Diagnostic categories create treatment silos
- Little information on how to adapt for practice
- Need to consider possible negative side effects such as clinician moral and therapeutic alliance
- Need more research on this topic in real world settings
- Need to understand practice setting and learn from clinicians
Change the Culture Of Service Delivery Organizations

• Involve all levels of organizations
• Not depend solely on researchers for knowledge
• Change culture of services delivery by:
  – Use of feasible and valid measurement system
  – Using feedback and supervision
  – Experimentation with types of services and careful evaluation
  – Introduction of protocol and algorithm driven treatments
  – Create learning organizations in service organizations
Ontario Heading in the Right Direction

- Evidence Based Practices Project
- Brief Child and Family Phone Interview
- But, does not have all the elements necessary for improvement
These Suggestions Are a Starting Point for Ontario

- Are these suggestions acceptable?
- Is there support for reform?
- Are there resources?
- Can there be a better partnership here between researchers and service organizations?
- If yes, let’s get started!
Thank you for your attention!